

213047533  
11296

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 999	Agency Case No. B3-115814	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/16/2013		TIME OF ACCIDENT	STATE USE ONLY	Amended  12/17/2013				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1839	LATITUDE					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. CITY OF LINCOLN		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE					
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.						
D	IF AT INTERSECTION		IF NOT AT INTERSECTION							
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M	169.00		X RUSSWOOD BLVD							
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
2	VEHICLE NO. 1									
F	DRIVER LICENSE NO.	G02082695		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/N	DRIVER	DELBERT F BOESE		PHONE	LOCAL NO.					
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/03/1931					
9	OWNER	DELBERT F BOESE / ETHEL I BOESE		PHONE	09-16-1946 (E)					
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
4	LICENSE PLATE PA NO.	RSC020		YEAR (Plate Expires)	2014	STATE (Of Plate) NE				
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
1	2005	Mazda	MAZDA6	4 door Sedan	white	<input type="radio"/> TOALED \$ 1500				
V1/O	VEHICLE ID NO. (VIN)	1YVHP80C955M26541		INSURANCE COMPANY						
V2/O	TOWED TO	TOWED BY		POLICY NO.						
1	0658120272		STATE FARM INSURANCE							
I	VEHICLE NO. 2									
7	DRIVER LICENSE NO.	H12403441		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/P	DRIVER	ERIN E MOODY		PHONE	LOCAL NO.					
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/26/1980					
1	OWNER	JEFFERY MOODY		PHONE	LOCAL NO.					
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
12	LICENSE PLATE PA NO.	11P398		YEAR (Plate Expires)	2014	STATE (Of Plate) NE				
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
4	2005	Chevrolet	TAHOE	Medium/large	tan	<input type="radio"/> TOALED \$ 1500				
V2/Q	VEHICLE ID NO. (VIN)	1GNEK13T15R220530		INSURANCE COMPANY						
K	TOWED TO	TOWED BY		POLICY NO.						
13	085 0027-F20-27B		STATE FARM INSURANCE CO							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B3-115814



Indicate  
North  
by Arrow

**NO DIAGRAM AS LOCATION OF ACCIDENT  
IS UNKNOWN. BOTH DRIVER'S GAVE  
DIFFERING LOCATIONS FOR THE ACCIDENT.  
NO INDEPENDENT WITNESSES.**

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D2 reported she was traveling westbound on O St between Russwood Pkwy and Sycamore Dr at approximately 40-45 m.p.h. in the south lane of traffic. D2 said she passed V1 who was in the north lane. D2 said as she was passing V1 it began moving toward her vehicle. D2 said V1 then side swiped the rear of her vehicle. The area where she said the accident had occurred was canvassed and there was no debris in the roadway. D2 said V1 stopped and the driver got out looked at his vehicle and left westbound. D2 obtained a license plate of RSC020 which belongs to D1. D1 was contacted and denied being involved in the accident. Instead D1 said his vehicle was hit and ran in the U-Stop parking lot (8231 O St) while he was inside. No independent witnesses. It is unknown where the accident actually occurred and what happened due to conflicting accounts. Photographs uploaded to digital evidence. See ACI for further investigative information.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME			ADDRESS	
	NAME			ADDRESS	

  

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	1	VEH 2	6
VEH NO.	N S E W							ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	
1		UNKNOWN							Y		Y	
2		UNKNOWN							N	X	N	X
1	13	06 Turning left										
2	13	08 Entering traffic lane										
		01 Essentially straight ahead	09 Leaving traffic lane	02 Backing	10 Parked	03 Changing lanes	11 Slowing or stopped in traffic	04 Overtaking/ Passing	12 Other	05 Turning right	13 Unknown	
				<div style="display: flex; justify-content: space-around;"> <div> 00 None 09 Top &amp; windows 10 Undercarriage 11 Total (all areas) 12 Other </div> <div> 01  02  03  04  05  06  07  08  </div> </div>								
				<div style="display: flex; justify-content: space-around;"> <div> 01  02  03  04  05  06  07  08  </div> </div>								
				<div style="display: flex; justify-content: space-around;"> <div> 01  02  03  04  05  06  07  08  </div> </div>								

  

OFFICER NO. <b>1685</b>	TROOP/ TEAM/ BEAT <b>2</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Kyle Meyerson</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Kyle Meyerson</b>	DATE OF REPORT <b>12/17/2013</b>